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<b>Policy and Guidance:</b>	<b>Safeguarding and Child Protection</b>	

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## **Policy**

### **1. Introduction**

#### **1.1. Responsible staff:**

**1.1.1. The Senior Programme Manager, Lee Amzaleg, is the Designated Lead for Safeguarding and Child Protection for Inspire!**

**1.1.2. The SENDCo, Sonia Marsh, is the Deputy Lead for Safeguarding and Child Protection**

1.2. The following information is to clarify the Child Protection procedures of Inspire! in relation to Inspire!'s responsibility for the welfare of their students

1.3. This information is to be reviewed and updated on an annual basis.

### **2. Principles**

2.1. Inspire! values young people as unique and precious individuals and is committed to safeguarding the welfare of children and young people in our care and in the care of our suppliers, business partners, work experience and training hosts, their employees and volunteers.

2.2. As well as ensuring that child protection concerns are addressed, we will ensure that young people who attend the school are kept safe from harm whilst they are in our charge, including the risk of child sexual exploitation, radicalisation, practices linked to culture, faith and beliefs (including Female Genital Mutilation), sexual violence and sexual harassment/peer on peer abuse

### **3. Purpose of Policy and Guidance**

3.1. This document states Inspire!'s policy in relation to Child Protection and gives guidance on:

- What Inspire! staff or volunteers should do if they think a young person they are working with has been abused
- What the organisation will do to ensure employees, whether paid staff or volunteers, do not pose a risk to young people
- How Inspire! procedures fit with procedures in schools and other local agencies

#### **4. Staff responsibilities**

- 4.1. The Inspire! Designated Lead for Safeguarding and Child Protection ensures that the policy and procedures are kept up to date and are applied consistently.
- 4.2. All staff and volunteers have a responsibility to safeguard the welfare of young people with whom we work and to respond to concerns about child abuse.
- 4.3. All staff should study this policy and ensure that they are clear about what they should do if they have such a concern or if a child discloses abuse to them.
- 4.4. All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.
- 4.5. All staff should be aware that children can abuse other children (often referred to as *peer on peer abuse*).

#### **5. Code of Conduct**

- 5.1. The Inspire! Code of Conduct sets out requirements for staff to support each other in working effectively together. In addition, Inspire! staff and volunteers should follow additional guidelines when working with young people. These are included in the guidance attached to this policy.

#### **6. Complaints and compliments**

- 6.1. Inspire! recognises the right of young people and their parents or carers to be able to express any concerns they might have about the behaviour of Inspire! staff or volunteers. It is Inspire!'s policy to ensure that all complaints are taken seriously and dealt with swiftly and in confidence.
- 6.2. Separate guidance on complaints procedures is available for parents/carers and students. There is also separate guidance on management of allegations of abuse against teachers or other staff.

#### **7. Risk Assessment**

- 7.1. Inspire! recognises that risk assessment is an important factor in keeping young people safe. We aim to incorporate risk assessment procedures into our everyday working practices.
- 7.2. Risk assessments are carried out for all off site activities.
- 7.3. Inspire! building risk assessment is reviewed and updated at least annually.
- 7.4. Where appropriate, students themselves may be risk assessed, and information may be shared with staff.

#### **8. Confidentiality Policy**

- 8.1. Inspire! respects the rights of young people to privacy and confidentiality but recognises that in certain circumstances confidentiality must be breached because of safeguarding concerns and the need for possible intervention.

## 9. Reporting concerns, suspicions and allegations

- 9.1. Inspire! will take seriously any concern about young people's welfare and well-being and will support any young person, staff member or volunteer in raising any safeguarding concern. This support will continue for all concerned whilst concerns are being investigated.
- 9.2. The guidance attached to this policy gives instructions on the procedure to be followed by all staff or volunteers if a disclosure is made or if they have concerns relating to a child's welfare.
- 9.3. See also separate guidance on school complaints procedures.

## 10. General principles in relation to safeguarding concerns and accusations about child abuse

- 10.1. Abuse will not go away if it is hidden. An abused young person can only be supported if the appropriate agencies know about the abuse. As a result, if any member of staff or volunteer is told by a young person about abuse, the matter cannot be kept totally confidential. There is a duty to protect the young person by sharing the information with the right person.
- 10.2. If a young person starts to talk about abuse, do not ask searching questions in case someone suggests at a later stage that the evidence has been prompted or rehearsed. This is important if a case comes to court as suggestions that the evidence has been prompted could make it more difficult to convict the abuser.
- 10.3. It is important to treat young people who talk about abuse – or “disclose” abuse – with gentleness, care and honesty, respecting what they say. Any young person who has been abused will have suffered emotional damage and will be very vulnerable. It will require courage to talk about the abuse and what the young person says may not be clear. Generally young people reporting abuse are telling the truth.
- 10.4. Information about abuse should only be shared on a “need to know” basis, and staff or volunteers with sensitive information about a young person should not talk to other members of the team, or to anyone else, about the issue.

## 11. Safe recruitment and selection

- 11.1. Inspire!'s recruitment policy aims to ensure that appointments will only be made if the appointing staff members are satisfied from the information provided, and gained through selection, that the applicant offers no risk of harm to young people. Staff involved in recruitment complete safer recruitment training. (to be refreshed at least every 5 years)
- 11.2. If a member of staff or volunteer offered work at Inspire! is found to have convictions, cautions, reprimands or warnings that indicate a potential risk to young people, it is Inspire!'s policy that an open and measured discussion will take place on the subject, with the applicant, before a recruitment decision is taken. In the case of volunteers facilitating Inspire!

programmes in schools, permission will be sought to consult with the DSL or personnel officer within the Hackney Learning Trust to deem their suitability for the position. This is in accordance with Inspire!'s policy on the recruitment of ex-offenders (see *Diversity and Equal Opportunities Policy*). If any member of staff or volunteer is found to have withheld relevant information that indicates a potential risk to young people, the employment will be terminated immediately

### **The Single Central Register** (including Guidance for managing contractors)

11.3. The bullet points below set out the minimum information that must be recorded in respect of staff members (including teacher trainees on salaried routes). The SCR must indicate whether the following checks have been carried out or certificates obtained, and the date on which each check was completed/certificate obtained:

- an identity check (Identification checking guidelines can be found on the GOV.UK website)
- a barred list check
- an enhanced DBS check/certificate
- a prohibition from teaching check
- further checks on people who have lived or worked outside the UK - The Home Office guidance on criminal records checks for overseas applicants can be found on GOV.UK
- a check of professional qualifications where required
- a check to establish the person's right to work in the United Kingdom.

In addition, for agency and third party supply staff, schools and colleges must also include whether written confirmation has been received that the employment business supplying the member of supply staff has carried out the relevant checks and obtained the appropriate certificates, and the date that confirmation was received and whether any enhanced DBS certificate check has been provided in respect of the member of staff.

Whilst there is no statutory duty to include on the single central record details of any other checks, schools and colleges are free to record any other information they deem relevant. For example, checks for childcare disqualification, volunteers, and safeguarding and safer recruitment training dates. Schools and colleges may also wish to record the name of the person who carried out each check.

Schools and colleges do not have to keep copies of DBS certificates in order to fulfil the duty of maintaining the single central record. To help schools and colleges comply with the requirements of the Data Protection Act 2018, when a school or college chooses to retain a copy, it should not be retained for longer than six months. A copy of the other documents used to verify the successful candidate's identity, right to work and required qualifications should be kept for the personnel file. Further information on handling DBS certificate information can be found on GOV.UK.

Schools and colleges have a legal duty to refer to the DBS anyone who has harmed, or poses a risk of harm, to a child or vulnerable adult where:

- the harm test is satisfied in respect of that individual
- the individual has received a caution or conviction for a relevant offence, or if there is reason to believe that the individual has committed a listed relevant offence

- the individual has been removed from working (paid or unpaid) in regulated activity, or would have been removed had they not left.

Detailed guidance on when to refer to the DBS, and what information must be provided, can be found on [GOV.UK](https://www.gov.uk).

Schools and colleges should ensure that any **contractor**, or any employee of the contractor, who is to work at the school or college, has been subject to the appropriate level of DBS check.

Schools and colleges organising work experience placements should ensure that the placement provider has policies and procedures in place to protect children from harm.

#### 11.4 Guidance for regular volunteers/frequent visitors to the school

The School will hold an approved visitor list for visitors who frequently visit the school site to undertake work within the school (including contractors, supply staff and health professionals). To qualify for this list the visitor must have demonstrated, prior to the visit that:

- a) They have a current clear enhanced DBS check and a copy of this has been registered on the Schools Central Record AND
- b) A current clear DBS children's barred check has been undertaken.
- c) Visitors on the Approved List MUST follow the same procedures on entry to the premises (i.e. come to reception and sign in as being on the premises). Such visitors will be added to the SCR where appropriate.

11.5. See further guidance in Inspire!'s Recruitment Policy.

### 12. Induction and training for staff and volunteers

12.1. It is Inspire!'s policy to offer appropriate briefings for all new staff and volunteers on the organisation's Safeguarding and Child Protection Policy and Procedures – to include familiarisation with safeguarding procedures, Staff/volunteer Code of Conduct, the Early Help offer, recognising and responding to signs of abuse and neglect, along with identifying the Designated Safeguarding Lead(s), other key contacts and specific safeguarding issues where appropriate

12.2. Inspire! staff and volunteers receive regular safeguarding updates as required (minimum annually) to provide them with the relevant skills and knowledge to safeguard young people effectively

12.3. Trustees are offered opportunities to attend training on Safeguarding, PREVENT and Child Protection

### 13. Relevant legislation

13.1. *This policy is informed by the 'Working Together to Safeguard Children' guidance, HM Government (2018), 'Keeping Children Safe in Education' Statutory guidance for schools and colleges, DfE (2020), 'Work-Related Learning and the Law' guidance, DfES (2006), 'The Prevent duty: for schools and childcare providers, June 2015, relevant legislation and Acts including The Children Act 2004, The Human Rights Act 1998, the United Nation's Convention*

*on the Rights of the Child, the Criminal Justice and Court Services Act 2000, the Protection of Children Act 1999, the Rehabilitation of Offenders Act 1974, Disqualification under the Childcare Act 2006 and the Safeguarding Vulnerable Groups Act 2006. We have also consulted guidance provided by the City and Hackney Safeguarding Board to inform this policy.*

*'London Child Protection Procedures and Practice Guidance' (London Safeguarding Children Board, (2018)*

*'Practice Guidance for safeguarding children in minority ethnic culture and faith (often socially excluded) communities, groups and families' (London Safeguarding Children Board, 2011)*

**NB:** As the coronavirus pandemic has progressed, the school has had to continually adapt the way it works and how it supports its young people and their families.

As government guidance or additional briefings from other organisations (for example, the NSPCC) has been issued, Safeguarding policies and procedures will have changed to reflect this and additional guidance/training will have been put in place to support staff.

Updates to working practices and procedures will be informed by, amongst other sources:

<https://www.gov.uk/government/collections/guidance-for-schools-coronavirus-covid-19>

<https://learning.nspcc.org.uk/research-resources/2020/coronavirus-briefing-safeguarding-guidance-information-schools>

#### **14. *Appointment of volunteers to work with young people***

**14.1. *All volunteers applying to work with young people must:***

- Complete a Disclosure and Barring Service Certificate application form where necessary. In deciding whether a DBS check is required, Inspire! will consider whether the volunteer will be taking part in 'regulated' activity, i.e. when contact with young people will take place frequently (once a month or more) or intensively (on three or more days in a 30-day period). In these instances, a DBS check would be needed. Volunteers having contact with young people on an ad hoc or irregular basis for short periods of time will not be required to complete a DBS check, although Inspire! will ensure that they are always under the supervision of a member of school staff when on school premises
- Provide confirmation of identity (as required to complete a Disclosure Form)
- Participate in and satisfactorily complete a standard training programme or phone briefing



- Where a volunteer is put forward by their employer and Inspire! has briefed the nominated co-ordinator in the company on the requirements of the scheme, and the skills and qualities needed, Inspire! may choose to waive the requirement for written references.
- 14.2. In addition, where the volunteer will have unsupervised access to a young person outside school premises (i.e. as a mentor) the volunteer must:
- Have a face-to-face discussion with their company co-ordinator, line manager or a member of Inspire! staff, during which a standard set of questions, supplied by Inspire!, must be asked and the answers recorded. The company co-ordinator, line manager or member of Inspire! staff must confirm that they have no concerns about the individual's suitability to work with young people and sign and date this record accordingly.
- 14.3. An appointment will only be made if the Inspire! Project Manager is satisfied from the information provided that the applicant offers no risk of harm to young people.
- 14.4. If a Disclosure Check has not been completed in time for a volunteer to take up a post, the Headteacher of any schools with which that person is due to work will be informed. The Headteacher will decide if the person in question may work with pupils on school premises and under the supervision of an adult who has received clearance. No volunteer (i.e. a mentor) may meet with or take a young person off the school site until a Disclosure Check has been completed.

## 15. **Code of Conduct for staff and volunteers when working with young people**

### 15.1. **Staff and volunteers should always:**

- Treat everyone with respect and dignity
- Respect and be sensitive to individual beliefs, faiths, religions and sexuality
- Act as a good role model
- Respect a young person's right to privacy and be careful with the information that they share
- Show understanding and sensitivity when dealing with emotional issues
- Assess all situations, activities and trips to identify potential dangers and minimise risk
- Take any allegations, suspicions or concerns about abuse that a young person makes seriously (including those made against staff or volunteers) and report them following appropriate procedures
- Report any concerns that they themselves have, no matter how small they think they might be
- Provide an opportunity and environment for young people to talk to others about any concerns they may have

- Provide an environment that encourages young people and adults to feel comfortable and confident in challenging any attitudes or behaviours that may be discriminatory in any way
- Remember that others may misinterpret your behaviour and actions regardless of how well intentioned they may be
- Volunteer mentors working with young people on a one-to-one basis should always meet with their mentee in a public space

#### 15.2. **Staff and volunteers should never:**

- Permit or accept abusive and discriminatory behaviour (i.e. bullying, taunting)
- Engage in inappropriate behaviour or contact (including horseplay)
- Allow or encourage others (staff, volunteers or young people) to engage in inappropriate behaviour and contact
- Use inappropriate or demeaning language
- Engage in a sexual relationship with a young person (consenting or not), whether inside or outside work
- Make sexually suggestive comments
- Give personal money to young people
- Give gifts to young people, no matter how small
- Invite young people to individual homes
- Use alcohol, drugs or other substances when working
- Deliberately put themselves or others in compromising or potentially dangerous situations
- Promote their religious or political ideas or beliefs
- Believe 'it could never happen to me' or trivialise abuse
- Ignore these guidelines, even if they happen to encounter a young person when not on site or involved with a project

#### 16. **Online Safety**

16.1. Inspire! has a duty of care to provide a safe learning environment for students and staff. This includes ensuring safety when using ICT equipment or any other media device.

16.2. All ICT users are encouraged to adopt safe and responsible use of ICT, both within Inspire!'s premises and outside.

16.3. Inspire! will obtain signed permission from parents/carers and /or the appropriate school representative to be able to use students' images in our publications, e.g. the website or newsletter.

- 16.4. Where students are freely searching the internet, staff are expected to be vigilant in monitoring the content of the websites they visit
- 16.5. Staff and students are aware that they must immediately report the receipt of any communication that makes them feel uncomfortable, is offensive, discriminatory, threatening or bullying in nature and must not respond to any such communications.
- 16.6. Any digital communication between staff, students, parents/carers, teaching staff volunteers and any other stakeholder (e.g. email) must be professional in tone and content.
- 16.7. Inspire! staff should ensure that no reference should be made in social media to students or their parents/carers.

17. ***Lone working***

- 17.1. Staff and volunteers should only be alone with a young person if their specified role requires it, such as mentoring or 1-1 tuition, and then ensure that someone else is always aware of where they are
- 17.2. That a door is left open when a staff member is working 1 to 1 with a student.
- 17.3. The Inspired Directions School DSL will provide a risk assessment to staff working 1:1 with a young person if it is deemed that additional controls need to be in place to work 1:1 with a young person.
- 17.4. The DSL for Inspire! is responsible for implementing any additional controls required in 16.2
- 17.5. Where a member of staff is off site at the end of the working day and will not be returning to the Inspire! offices, the member of staff is required to phone or text their line manager to inform them when they have left the location and finished Inspire! business

18. ***Procedures for reporting child protection concerns, suspicions and allegations***

- 18.1. Young people often build up a confidential relationship with a particular adult, such as a mentor or teacher
- 18.2. As part of the IDS induction, the Senior Programme Manager (Inspired Directions School) is responsible for informing every referred student the key points of the confidentiality policy and how this impacts on them. This should include confirmation that the student understands the following:
  - Every young person's safety is our priority
  - All IDS staff work alongside support agencies to make sure that students are safe and can learn when at Inspire!
  - Inspire! staff will always act in the best interests of students
  - Inspire! staff understand that there are many outside factors that prevent students from learning. IDS staff will always try to help with any student

concerns, however, there may be other organisations best placed to support them. Inspire! will link with these organisations when appropriate to support the student. Consent will be sought from the student regarding referrals for any on-going support from outside agencies.

- Students may disclose information to Inspire! staff that is required to be shared with other agencies. This will be any information that staff consider to effect the safety of the young person and/or where there has been an infringement of law
- Students will be informed with whom the information is going to be shared and updated by the Senior Programme Manager (Inspired Directions School) or nominated member of school staff on progress

### 18.3. **What to do if a young person discloses abuse on school premises and during the school day:**

If a young person says that they have been abused, either physically, emotionally or sexually, the member of staff or volunteer should:

- React calmly so as not to frighten the young person – give them your **full** attention
- Be aware of your non-verbal messages
- Don't make promises that you cannot keep
- Keep responses short, simple, slow and gentle
- Don't stop a young person who is talking freely about what happened – let them use their own words
- Observe and **listen** but don't ask for more information
- Tell them that they are not to blame
- Tell the young person that they have done the right thing by telling you
- If you have difficulty in understanding the young person's communication method, reassure them that you will find someone who can help
- Think carefully about who you need to share this information with - **do not confront the perpetrator**
- Tell them what you are going to do next
- Remember it is **not** your job to prove or disprove what the young person tells you, merely to listen and make a record of the conversation as soon as possible
- Tell the DSL about what the young person has said the same day, making sure the young person is in a safe place with support while you do this. In the absence of these staff, inform an Inspire! Senior Programme Manager
- Record, in writing, all the details of what was said, using the exact wording used by the young person. Do not try to interpret any of the information

yourself. Date and sign the record. Give a copy to the designated person and keep a copy yourself.

**18.4. All notes and reports must contain the following:**

- Date of the incident
- Date and time of the record being made
- Name and date of birth of the young person or young people concerned
- A factual account of what happened, a record of what was seen and heard using the young person's own words where possible
- The location where the incident or disclosure took place
- A note of any other people involved, e.g. as witnesses
- Action taken and any future plans, e.g. monitor and review
- Any other agencies that were informed
- Printed name of the person making the record
- Signature of the person making the record
- Job title of the person making the record

### **18.5. Referrals to Children's Social Care**

Whilst the Safeguarding Lead and Deputy should take the lead on referrals to CSC wherever possible, all staff should be aware of how to make high quality referrals.

As per CHCSB guidance, the information shared should include:

- Full names, dates of birth and gender of young people
- Family address and, where relevant, school/nursery attended
- Names and dates of birth of all members of the household
- Ethnicity, first language and religion of young people and parents
- Any special needs of the young people
- Any significant recent or past events
- Cause for concern including details of allegations, their sources, timing and location
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Details of any alleged perpetrator
- Referrer's relationship with and knowledge of the young person and their family
- Known involvement of other agencies
- Information regarding parents' knowledge and agreement to referral

### **18.6. What to do if you have other concerns or suspicions or know of an allegation relating to a young person's welfare**

- Act immediately – do not delay; in an emergency get medical help
- Keep a detailed written record of the incident and your concerns
- If an allegation has been made against a member of school staff, the Inspire! Chief Executive must be informed immediately. If an allegation has been made against the Chief Executive, Inspire!'s Chair of Board must be informed immediately.
- If concerns or allegations do not relate to school staff, share the information with the Head of School **and** the Chief Executive of Inspire!. If the Chief Executive is not available, tell the Head of School or, in the absence of both the Head of School and the Chief Executive, inform an Inspire! Senior Programme Manager. If no one else is available and you think the young person is in potential/actual danger, contact Social Services.

### **18.7. Allegations against a member of Inspire! staff or volunteer**

18.7.1. If an allegation is made against a member of staff or volunteer, Inspire!'s disciplinary procedure will be followed and an investigation conducted. Inspire!

reserves the right to restrict a staff member or volunteer from any contact with young people once an allegation has been made (justified or not), whilst an investigation is being conducted. Appropriate support, including access to an external person to speak with, will be provided for staff or volunteers who are subject to any investigations.

## 19. **Support for staff and volunteers**

19.1. Inspire! staff or volunteers who are told about abuse by a young person may need guidance, emotional support and assurance that they have acted in the right way. Staff may seek this support from Inspire!'s designated Lead Safeguarding Officer

19.2. Support will be provided for staff reporting other concerns and risks to young people or suspicions about other members of staff, school staff or volunteers

19.3. Where a staff member feels unable to raise an issue with their employer or feels that their genuine concerns are not being addressed, other whistleblowing channels may be open to them:

- General guidance can be found at <https://www.gov.uk/whistleblowing>
- The NSPCC whistleblowing helpline (<https://www.nspcc.org.uk/what-you-can-do/report-abuse/dedicated-helplines/whistleblowing-advice-line>) is available for staff who do not feel able to raise concerns regarding child protection failures internally.

## Appendix 1a: Key Safeguarding contacts

Inform a DSL/Deputy as soon as you can of ALL Safeguarding concerns/information you have to share

Where there is **immediate risk** CALL 999

Role/Agency	Contact	Contact Details
Designated Leads for Safeguarding and Child Protection at Inspire!	Senior Programme Manager, Lee Amzaleg	
	SENDCo, Sonia Marsh	07957 620462
Deputy Lead for Safeguarding and Child Protection at Inspire!	Chief Executive, Sue Maskrey	07855 345845
Additional member of staff for allegations to do with Chief Executive	Chair of trustees, Matt Sparkes	020 7456 3732
Trustee Lead responsible for Child Protection, PREVENT and Safeguarding		
IDS Safeguarding Governor	Jonathan Sen	07931 783 962
Children's Services (Hackney)	First Access and Screening Team (FAST)	020 8356 5500
	Emergency Duty Team (5pm-9am)	020 8356 2710
Children's Services (Ealing)	Ealing Children's Integrated Response Service	020 8825 8000
Local Authority Designated Officer		020 8356 4569 <a href="mailto:LADO@hackney.gov.uk">LADO@hackney.gov.uk</a>  Safeguarding Duty Service if unavailable - 020 8356 8082
NSPCC Helpline <i>To get advice or share concerns about a child, including anonymously</i>		0808 800 5000
Ofsted		08456 404 040
Hackney Learning Trust	Safeguarding in Education Team	020 8820 7551
City and Hackney Safeguarding Children Board		020 8356 3348  <a href="http://www.chscb.org.uk">www.chscb.org.uk</a>
Disclosure and Barring Service		03000 200 190
CEOP (Child Exploitation And Online Protection Centre)		0870 000 3344
Hackney Children Missing Education Team		020 8820 7060
CIC/Perkbox Employee Support Hub	24 hour Confidential Helpline	0808 169 1675



## Appendix 1b: Key contacts for specific safeguarding issues

Contact the Police on 999 if there is **immediate risk**

	<b>Contact</b>	<b>Details</b>
Child Employment	Carla DeLemos Child Employment & Entertainment Licensing Officer	020 8820 7054  Carla.DeLemos@learningtrust.co.uk
Children Missing Education Team (Hackney)		020 8820 7060
Child Trafficking	NSPCC	0808 800 5000
County Lines	National Crime Agency	0370 496 7622 NCA general enquiries or to verify an NCA officer, available 24/7
Criminal exploitation/modern day slavery	First Access and Screening Team (FAST)  Modern Day Slavery Helpline	020 8356 5500  08000 121 700
FGM		<ul style="list-style-type: none"> <li>• Dial 101</li> <li>• Request relevant local police force explain that you are making a report under the FGM mandatory reporting duty</li> </ul> <b>Call 999 if immediate risk</b>
Forced Marriage	Forced Marriage Unit	020 7008 0151 fmu@fco.gov.uk
Looked After Children	Nick Corker Hackney Virtual School for Looked After Children	Nick.Corker@hackney.gov.uk 020 8356 5016
PREVENT <i>(including referrals to Channel)</i>	Keith Podro Metropolitan Police Prevent Engagement Officer Hackney  Tracey Thomas Hackney Prevent Co-ordinator  Prevent Team	07884476616 <a href="mailto:keith.g.podro@met.pnn.police.uk">keith.g.podro@met.pnn.police.uk</a>  0208 356 8104 <a href="mailto:Tracey.Thomas@Hackney.gov.uk">Tracey.Thomas@Hackney.gov.uk</a>  prevent@hackney.gov.uk
Private Fostering	Hackney Children's Services	020 8356 5500
SEND	Hackney SENDIAGS <i>SEND Information, Advice and Guidance Service</i>	SENDIAGS@learningtrust.co.uk 020 7275 6036 www.hackneysendiags.co.uk
Young Hackney		020 8356 7404 yh.online@hackney.gov.uk

## **Appendix 2: Contextual Safeguarding**

**Contextual Safeguarding** is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families.

It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse.

Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships.

Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

**All** staff working with children/YP should be aware that additional barriers can exist when recognising abuse and neglect of children with SEND.

## **Appendix 3: Child Abuse**

*Who may be more vulnerable to abuse?*

Any child/YP may be potentially at risk, but all staff should be particularly alert to the vulnerability of a child/YP who:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn in to anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

### **1. Definitions**

There are four types of child abuse. They are defined in the UK Government Guidance Keeping Children Safe in Education Part 1 2018 (p.14/15) as set out in the NSPCC Knowledge and Information Service factsheet.

All staff should have an awareness of safeguarding issues that can put children at risk of harm. Behaviours linked to issues such as drug taking, alcohol abuse, deliberately missing education and sexting (also known as youth produced sexual imagery) put children in danger.

Definitions and signs of child abuse are as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

## 2. **Physical abuse**

- 2.1. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

## 3. **Emotional Abuse**

- 3.1. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.
- 3.2. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

## 4. **Sexual Abuse**

- 4.1. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-

penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **5. Neglect**

5.1. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

5.2. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

5.3. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

## **6. Signs of abuse**

6.1. Recognising child abuse is not easy. It is not your responsibility to decide whether or not child abuse has taken place or if a child is at significant risk of harm from someone. You do however, have a responsibility, as set out in your organisation's child protection procedures, to act in order that the appropriate agencies can investigate and take any necessary action to protect a child.

6.2. The following information should help you to be more alert to the signs of possible abuse.

## 7. Indications of Physical Abuse

7.1. Most children will collect cuts and bruises as part of the rough-and-tumble of daily life. Injuries should always be interpreted in light of the child's medical and social history, developmental stage and the explanation given. Most accidental bruises are seen over bony parts of the body, e.g. elbows, knees, shins, and are often on the front of the body. Some children, however, will have bruising that is more than likely inflicted rather than accidental.

7.2. Important indicators of physical abuse are bruises or injuries that are either unexplained or inconsistent with the explanation given, or visible on the 'soft' parts of the body where accidental injuries are unlikely, e.g. cheeks, abdomen, back and buttocks. A delay in seeking medical treatment when it is obviously necessary is also a cause for concern, although this can be more complicated with burns, as these are often delayed in presentation due to blistering taking place some-time later

7.3 The signs of physical abuse may include:

- unexplained bruising, marks or injuries on any part of the body
- multiple bruises- in clusters, often on the upper arm, outside of the thigh
- cigarette burns
- human bite marks
- broken bones
- scalds, with upward splash marks

7.4. Changes in behaviour that can also indicate physical abuse:

- fear of parents being approached for an explanation
- aggressive behaviour or severe temper outbursts
- flinching when approached or touched
- reluctance to get changed, for example in hot weather
- depression
- withdrawn behaviour
- running away from home.

## **8. Indications of Emotional Abuse**

8.1. Emotional abuse can be difficult to measure, as there are often no outward physical signs. There may be a developmental delay due to a failure to thrive and grow, although this will usually only be evident if the child puts on weight in other circumstances, for example when hospitalised or away from their parents' care. Even so, children who appear well-cared for may nevertheless be emotionally abused by being taunted, put down or belittled. They may receive little or no love, affection or attention from their parents or carers. Emotional abuse can also take the form of children not being allowed to mix or play with other children.

8.2 Changes in behaviour which can indicate emotional abuse include:

- neurotic behaviour e.g. sulking, hair twisting, rocking
- being unable to play
- fear of making mistakes
- sudden speech disorders
- self-harm
- fear of parent
- developmental delay in terms of emotional progress

## **9. Indications of Sexual Abuse**

9.1. Adults who use children to meet their own sexual needs abuse both girls and boys of all ages, including infants and toddlers. Usually, in cases of sexual abuse it is the child's behaviour that may cause you to become concerned, although physical signs can also be present. In all cases, children who tell about sexual abuse do so because they want it to stop. It is important, therefore, that they are listened to and taken seriously.

9.2. It is also important to remember that it is not just adult men who sexually abuse children – there are increasing numbers of allegations of sexual abuse of children against women and sexual abuse can also be perpetrated by other children or young people.

9.3. The physical signs of sexual abuse may include:

- pain or itching in the genital area
- bruising or bleeding near genital area
- sexually transmitted disease

- vaginal discharge or infection
- stomach pains or discomfort when walking or sitting down
- pregnancy

9.4. Changes in behaviour which can also indicate sexual abuse include

- sudden or unexplained changes in behaviour e.g. becoming aggressive or withdrawn
- fear of being left with a specific person or group of people
- having nightmares
- running away from home
- sexual knowledge which is beyond their age, or developmental level
- sexual drawings or language
- bedwetting
- eating problems such as overeating or anorexia
- self-harm or mutilation, sometimes leading to suicide attempts
- saying they have secrets they cannot tell anyone about
- substance or drug abuse
- suddenly having unexplained sources of money
- not allowed to have friends (particularly in adolescence)
- acting in a sexually explicit way towards adults

## 10. Indications of Neglect

10.1. Neglect can be a difficult form of abuse to recognise, yet have some of the most lasting and damaging effects on children.

### 10.2. The physical signs of neglect may include:

- constant hunger, sometimes stealing food from other children
- constantly dirty or 'smelly'
- loss of weight, or being constantly underweight
- inappropriate clothing for the conditions

### 10.3. Changes in behaviour which can also indicate neglect may include:

- complaining of being tired all the time
- not requesting medical assistance and/or failing to attend appointments
- having few friends
- mentioning being left alone or unsupervised.

11. These definitions and indicators are not meant to be definitive, but only serve as a guide to assist you. It is important too, to remember that many children may exhibit some of these indicators at some time, and that the presence of one or more should not be taken as proof that abuse is occurring. There may well be other reasons for changes in behaviour such as a death or the birth of a new baby in the family or relationship problems between parents/carers. In assessing whether indicators are related to abuse or not, the authorities will always want to understand them in relation to the child's development and context.

## **Appendix 4: Managing Allegations against other pupils/Peer on Peer Abuse**

4.1. At Inspired Directions School, we believe that all young people have a right to attend a place of education and learn in a safe environment. They should be free from harm from both adults and other students.

Allegations against students who are reported to have affected the learning or well-being of others will, where appropriate, be managed under the **IDS Behaviour Policy or Anti-Bullying Policy**.

4.2. There may also be times when allegations may be made against students by others in the school, which are of a safeguarding nature via *peer on peer abuse*.

This is most likely to include, but may not be limited to:

- *emotional abuse* – bullying (including cyberbullying), blackmail, extortion, threats or intimidation



- *physical abuse* - hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm (which may be preplanned) or forcing others to misuse substances or alcohol
- *sexual abuse* - including sexual violence, sexual harassment (such as sexual comments, remarks, jokes and online harassment, which may be stand-alone or part of a broader pattern of abuse) and sexual exploitation (for example, forcing others to watch pornography or attend inappropriate parties, indecent exposure, indecent touching, or serious sexual assaults)
- upskirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm
- sexting (also known as youth produced sexual imagery)
- initiation/hazing type violence and rituals.

4.3. It may also be **considered a safeguarding issue** if the allegation:

- is being made against an older pupil and refers to their behaviour towards a younger or more vulnerable pupil
- is of a possible criminal nature
- puts other pupils in the school at risk, or raises the risk factor for others
- indicates that other pupils may have been harmed or be at risk or harm
- includes bullying (under the definition of emotional abuse) or intimidation

#### 4.4. **Procedures following an allegation of Peer on Peer Abuse**

When an allegation is made by a pupil against another student, which is of a safeguarding nature:

- It should be reported to the designated safeguarding lead (DSL) as soon as possible.
- A factual record must be kept (as normal safeguarding child protection procedures) and updated with all actions and outcomes
- The incident should not be investigated at this time
- The DSL will contact HCSC to discuss the case, and make a formal referral where appropriate
- If the allegation indicates that a potential crime has taken place HCSC may refer the case to the police
- Parent/carers of both the alleged victim and the student who is the subject of the allegation about should be informed, this should be discussed during the consultation with HCSC.
- A risk assessment will be considered at this time to protect all parties involved.
- It may be appropriate to exclude the subject of the allegation (against whom the report has been made) for a fixed time in line with school behaviour policy and procedures.
- Police and social care will lead any investigation, however where neither police nor social care thresholds are met, the school will then undertake a thorough investigation following the school's policies and procedures.

**All** staff should be aware that children can abuse other children, and be clear as to the IDS policy and procedures with regards to peer on peer abuse.

## **Appendix 5: Faith, belief and harmful practices**

So-called 'honour-based' violence (HBV) encompasses crimes which have been committed to protect or defend the honour of the family and/or the community, including Female Genital Mutilation (FGM), forced marriage, and practices such as breast ironing. All forms of so called HBV are abuse (regardless of the motivation) and will be handled and escalated as such. If in any doubt, staff should speak to the designated safeguarding lead.

### **4a Forced marriage**

#### **Potential warning signs or indicators**

Both men and women facing forced marriage may become anxious, depressed and emotionally withdrawn with low self-esteem. They may come to the attention of practitioners for a variety of reasons, some of which are outlined below. Whilst the factors set out in this list may be an indication that someone is facing forced marriage, it should not be assumed that it is forced marriage simply on the basis that someone presents with one or more of these warning signs. These warning signs may indicate other types of abuse that will also require a multi-agency response.

There have been occasions when women have presented with less common warning signs such as cut or shaved hair as a form of punishment for disobeying or perhaps "dishonouring" her family. In some cases, a girl may report that she has been taken to a private practice to be examined to see if she is a virgin. There have been reports of women presenting in the NHS with symptoms associated with poisoning.

#### **List of potential warning signs or indicators**

These indicators are not intended to be an exhaustive list:

- Absence and persistent absence.
- Request for extended leave of absence and failure to return from visits to country of origin.
- Fear about forthcoming school holidays
- Surveillance by siblings or cousins at school.
- Decline in behaviour, engagement, performance or punctuality.
- Poor exam results.
- Being withdrawn from school by those with parental responsibility.
- Removal from a day centre of a person with a physical or learning disability
- Not allowed to attend extra-curricular activities
- Sudden announcement of engagement to a stranger
- Prevented from going on to further/higher education

#### **Actions**

*Multi-agency Guidance For Dealing With Cases Of Forced Marriage*

##### **4.1 Initial actions following disclosure**

All concerns of reports of a potential forced marriage or an adult at risk already in a forced marriage, should be reported as a Safeguarding Adults referral.

When a professional from a statutory or voluntary organisation comes into contact with a victim of forced marriage, they should remember the 'one chance' rule. Professionals may only have one chance to speak to a potential victim and thus they may only have one chance to save a life.

All agencies need to be aware of their responsibilities and obligations when they come across forced marriage cases. If the victim is allowed to walk out of the door without support, that one chance might be wasted.

Understand that sharing information with a parent or member of the family is not appropriate and should ensure that decisions of this nature are made by Children's Social Care, the police or the Forced Marriage Unit

Given the 'one chance' rule, anyone who comes into contact with an adult at risk who is in or may be forced into a marriage should follow the best practice steps:

- Explain all the options to the person
- Recognise and respect their wishes
- See them immediately in a secure and private place where the conversation cannot be overheard
- See them on their own – even if they attend with others
- Explain to the person about information sharing
- Establish a way of contacting them discreetly in the future
- Obtain full details to pass on to the appropriate team
- Consider the need for immediate protection and placement away from the family

**Do not:**

- Send the person away
- Approach members of the family or the community unless the person expressly asks you to do so
- Attempt to be a mediator

If staff have a concern regarding a child that might be at risk of HBV, they should activate safeguarding procedures outlined in this policy, using existing national and local protocols for multi-agency liaison with police and children's social care.'

## **4b FGM – Female Genital Mutilation**

Inspire! has robust and rigorous safeguarding procedures and takes its child protection responsibilities seriously. Female Genital Mutilation is child abuse and as such is dealt with under the schools Safeguarding policy. All staff are expected to adhere to and follow this policy.

The UK Government advice and guidance on FGM that states: “FGM is considered child abuse in the UK and a grave violation of the human rights of girls and women. In all circumstances where FGM is practised on a child it is a violation of the child’s right to life, their right to their bodily integrity, as well as their right to health. The UK Government has signed a number of international human rights laws against FGM, including the Convention on the Rights of the Child.”

The *World Health Organisation* definition of FGM:

*“Female Genital Mutilation (FGM) comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or non-therapeutic reasons.”* (World Health Organisation-1997)

FGM is classified into four major types:

1. Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals).
2. Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).
3. Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
4. Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

Girls may be at risk during any time of the year. However, there is a possibility that they may be at more risk of FGM during school summer holidays. During this period, families may take their children abroad for the procedure. Many girls may not be aware that they may be at risk of undergoing FGM. FGM is practised in the Middle East and 28 African countries. UK communities that are most at risk of FGM include Kenyans, Somalis, Sudanese, Sierra Leoneans, Egyptians, Nigerians and Eritreans. However, women from non-African communities that are at risk of FGM include Yemeni, Kurdish, Indonesian and Pakistani women.

In order to protect our children and young people it is important that key information is known by Inspire! staff.

Indications that FGM has taken place:

- Prolonged absences with noticeable behaviour change – especially after a return from holiday
- A girl may spend longer than normal in the bathroom or toilet due to difficulties urinating

- A girl may spend long periods of time away from the class during the day with bladder or menstrual problems.

Indications that a child may be at risk of FGM:

- The family comes from a community that is known to practise FGM - especially if there are elderly women present
- In conversation a child may talk about FGM
- A child may express anxiety about a special ceremony
- The child may talk or have anxieties about forthcoming holidays to their country of origin
  - Parent/Guardian requests permission for authorised absence for overseas travel or you are aware that absence is required for vaccinations
- If a woman has already undergone FGM – and it comes to the attention of any professional, consideration needs to be given to any Child Protection implications e.g. for younger siblings, extended family members and a referral made to Social Care or the Police if appropriate
- Any girl withdrawn from Personal, Social Health and Citizenship Education may be at risk as a result of her parents wishing to keep her uninformed about her body and rights

If we have concerns that children in our school community are at risk or have been victims of Female Genital Mutilation then we refer to Hackney Children Social Care. We may;

### **ASK**

Ask children to tell you about their holiday. Sensitively and informally ask the family about their planned extended holiday ask questions like:

- Who is going on the holiday with the child?
- How long they plan to go for and is there a special celebration planned?
- Where are they going?
- Are they aware that the school cannot keep their child on roll if they are away for a long period?
- Are they aware that FGM is illegal in the UK even if performed abroad?
- This policy will be updated whenever there is a change to any safeguarding legislation or Ofsted inspection practice, or any regulatory body's requirement or recommendation.

**Reporting to Police in event of Female Genital Mutilation is mandatory.**

## **Appendix 5: Indicators of Vulnerability to Radicalisation**

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:

*Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.*

Extremism is defined by the Crown Prosecution Service as:

*The demonstration of unacceptable behaviour by using any means or medium to express views which:*

- *Encourage, justify or glorify terrorist violence in furtherance of particular beliefs*
- *Seek to provoke others to terrorist acts*
- *Encourage other serious criminal activity or seek to provoke others to serious criminal acts*
- *Foster hatred which might lead to inter-community violence in the UK*

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Pupils may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:

- **Identity Crisis** – the young person is distanced from their cultural / religious heritage and experiences discomfort about their place in society
- **Personal Crisis** – the young person may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging
- **Personal Circumstances** – migration; local community tensions; and events affecting the student / pupil's country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- **Unmet Aspirations** – the young person may have perceptions of injustice; a feeling of failure; rejection of civic life;

- **Experiences of Criminality** – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- **Special Educational Need or Disability** – the young person may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

*More critical risk factors could include:*

- Being in contact with extremist recruiters
- Accessing violent extremist websites, especially those with a social networking element
- Possessing or accessing violent extremist literature
- Using extremist narratives and a global ideology to explain personal disadvantage
- Justifying the use of violence to solve societal issues
- Joining or seeking to join extremist organisation
- Significant changes to appearance and / or behaviour
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis

## **Appendix 6: Child Trafficking**

Child trafficking *is* child abuse. It's defined as recruiting, moving, receiving and harbouring children for the purpose of exploitation (HM Department for Education (DfE) and Home Office, 2011; DHSSPS and Northern Ireland and Police Service of Northern Ireland, 2011; Scottish Government, 2013; All Wales Child Protection Review Group, 2011).

Child trafficking is a form of modern slavery (HM Government, 2014).

Many children are trafficked into the UK from overseas, but children can also be trafficked from one part of the UK to another.

*Children are trafficked for:*

- child sexual exploitation
- criminal activity, including:
  - cannabis cultivation
  - street crime - such as pickpocketing, begging and bag theft
  - moving drugs
  - benefit fraud
  - immigration fraud
  - selling pirated goods, such as DVDs
  - forced marriage
  - domestic servitude, including:
    - cleaning
    - childcare
    - cooking
  - forced labour, including working in:
    - restaurants
    - nail bars
    - factories
    - agriculture
- illegal adoption
- unreported private fostering arrangements (for any exploitative purpose).



This list is not exhaustive and children who are trafficked are often exploited in more than one way.

### *Impact of child trafficking*

Being trafficked is abuse in itself. But trafficked children may experience other forms of abuse and neglect that impact on their physical and mental health and social and emotional development. These include:

- sexual abuse and exploitation
- physical abuse
- emotional abuse
- neglect.

Impacts of child trafficking and exploitation include:

- poor health and illness, which may be left untreated
- limited or no access to education
- physical and mental exhaustion

Children may also experience emotional challenges, such as missing family, friends, communities and cultures. This can lead to:

- feeling isolated and lonely
- disturbed sleep patterns
- depression and/or anxiety
- headaches
- panic attacks
- eating difficulties
- self-harm and suicidal thoughts
- drug and alcohol use as a means to escape from problems
- post-traumatic stress disorder (PTSD).

## *Recognising child trafficking*

### Signs and indicators

Children who are trafficked are intentionally hidden and isolated from the services and communities who can identify and protect them. While identification may be difficult, there will be signs that you can watch for.

Children who have been trafficked or are at risk of being trafficked may:

- spend a lot of time doing household chores
- rarely leave their house, have no freedom of movement and no time for playing
- be orphaned or live apart from their family, often in unregulated private foster care
- live in substandard accommodation
- not be sure which country, city or town they're in
- be unable or reluctant to give details of accommodation or personal details
- not be registered with a school or a GP practice
- not have any documents (or have falsified documents)
- not have access to their parents or guardians
- be seen in inappropriate places - such as brothels or factories
- possess money or goods they can't account for
- be permanently deprived of a large part of their earnings, for example if they're required to earn a minimum amount of money every day or pay off an exorbitant debt
- have injuries from workplace accidents
- give a prepared story which is very similar to stories given by other children.

Signs an adult may be trafficking a child include:

- making multiple visa applications for different children
- acting as a guarantor for multiple visa applications for children
- travelling with different children who they aren't related to or responsible for
- insisting on remaining with and speaking for the child
- living with unrelated or newly arrived children
- abandoning a child or claiming not to know a child they were previously with.

### Risks and vulnerability factors

Boys and girls of all ages can be victims of trafficking. Children who have been trafficked may be from the UK or another country.

Children are particularly vulnerable to trafficking if they come from an area where:

- there is poverty
- there is or has recently been a war
- education levels are low
- child protection services are ineffective or do not exist
- social customs mean that children are expected to respect and follow the adult in charge without question
- children's rights are not upheld.

Generally, human trafficking happens because of:

- demand for cheap or free labour, or a workforce who can be easily controlled and forced into criminal activity
- inequalities between countries – such as different education or employment opportunities
- a lack of equal opportunities, discrimination or marginalisation.

## Responding to child trafficking

Child trafficking is child abuse. It requires a child protection, multi-agency response in line with current legislation.

*When speaking to a child who has been trafficked:*

- offer reassurance, explain that you can help them and that it's safe for them to talk to you
- explain to the child that they've done nothing wrong
- remember that accompanying adults may not be parents or have the authority to care for the child
- speak with the child directly, without the accompanying adult present (this could put the child at further risk)

If an interpreter is required, it's good practice to avoid using an interpreter from the same area in the country of origin as the victim. This reduces any perceived link the child may make between the interpreter and known people in their country of origin.

Children may feel guilty or ashamed about the abuse they've suffered. They may also be too scared to speak out, frightened of:

- all adults and authorities
- what will happen to themselves, their friends and their family
- judgement from their community and families
- being prosecuted for a crime
- being returned to their home country, where their situation may be even worse
- the effects of Juju or witchcraft rituals that were performed during their experiences.

If a child is suffering from post-traumatic stress disorder (PTSD), they may have difficulty recalling details or have blanks in their memory.

## Reporting

If you think a child is in immediate danger, contact the police on 999. If you're worried about a child but they are not in immediate danger, you should share your concerns.

- Follow your organisational child protection procedures. Organisations that work with children and families must have safeguarding policies and procedures in place.
- Contact the Child Trafficking Advice Centre (CTAC) on 0808 800 5000 or by emailing [help@nspcc.org.uk](mailto:help@nspcc.org.uk). Our trained professionals will talk through your concerns with you and give you expert advice.

- Contact your local child protection services. Their contact details can be found on the website for the local authority the child lives in.
- Contact the police.

Services will risk assess the situation and take action to protect the child as appropriate either through statutory involvement or other support. This may include making a referral to the local authority

### **Appendix 7: Fabricated or Induced Illness**

Fabricated or induced illness is a condition whereby a child has suffered, or is likely to suffer significant harm through the deliberate action of their parent and which is attributed by the parent to another cause.

There are three main ways of the parent fabricating (making up or lying about) or inducing illness in a child:

- Fabrication of signs and symptoms, including fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid;
- Induction of illness by a variety of means.

The above three methods are not mutually exclusive. Existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

### **Recognition**

All professionals who come into contact with children and their families, or adults who are parents, may come into contact with a child or parent where there are suspicions of fabricated or induced illness. These suspicions are likely to centre on discrepancies between what a parent says and what the professional observes.

In identifying and recognising fabricated or induced illness, professionals need to concentrate on the interaction of three variables:

- The state of health of the child, which may vary from being entirely healthy to being sick;

- The parental view which at one end is neglectful, and at the other end causes excessive intervention either directly or indirectly;
- The medical view, which is equally on a spectrum from being dismissive at one end to performing excessive intervention or treatment at the other.

*Concerns may arise when:*

- Reported symptoms and signs found on examination are not explained by any 'normal' medical condition;
- Physical examination and results of investigations do not explain reported symptoms and signs;
- New symptoms are reported on resolution of previous ones;
- Reported symptoms and identified signs are not observed in the absence of the parent;
- The child's normal daily life activities are being curtailed beyond that which may be expected from any known medical disorder from which the child is known to suffer;
- Treatment for an agreed condition does not produce the expected effects;
- Repeated presentations to a variety of doctors and with a variety of problems;
- The child denies parental reports of symptoms;
- Specific problems (e.g. apnoea, fits, choking or collapse);
- Child becoming drawn into the parent's illness;
- History of unexplained illnesses or deaths or multiple surgery in parents or siblings of the family;
- A past history in the parent of child abuse, self-harm or somatising, or false allegations of physical or sexual assault.

There may be a number of explanations for these circumstances, and each requires careful consideration and review.

### Response

All professionals who have concerns about a child's health should discuss these with their line manager, their agency's designated safeguarding children adviser and the GP or paediatrician responsible for the child's health. If the child is receiving services from LA children's social care, the concerns should also be discussed with them.

If any professional considers that their concerns are not taken seriously or responded to appropriately, they should discuss this as soon as possible with the designated doctor or nurse for child protection in their local authority area.

If any concerns relate to a member of staff, professionals should discuss this with their line manager and their agency's designated safeguarding children adviser.

All concerns and discussions must be recorded contemporaneously by both parties in their agency records for the child, dated and signed.

### Further information and guidance

For further information see:

- The Government guidance *Safeguarding Children in Whom Illness is Fabricated or Induced* (DCSF 2008)
- The DVD *Incredibly Caring* (DCSF 2009) to support the Government guidance
- The guidance *Fabricated or Induced Illness by Carers* (Royal College of Paediatricians and Child Health, 2009)

### **Appendix 8: Private Fostering**

Private fostering is a private arrangement between a parent and a carer. When a child under 16 (or 18 if disabled) is cared for and provided with accommodation, by an adult who is not a relative, for 28 days or more, it is called private fostering.

A relative in this situation is either a grandparent, brother, sister, uncle or aunt. They can be a full or half relation and could be related by marriage. Relatives also include step-parents.

Partners of the mother or father of a child would not qualify as a relative; neither would extended family members such as great aunts, great uncles or parent's cousins.

There are many reasons why a child may be in a private fostering situation. They include:

- living with a family friend because of a family crisis
- a teenager (possibly a teenage parent) is living with friends or neighbours
- their parents may be studying or working unsociable hours
- refugee and homeless children
- children with parents overseas
- trafficked children

Hackney Council has a legal duty to ensure that children and young people in this situation are safe and properly cared for. Under the Children Act, you must tell the Council if you are entering into a private fostering arrangement.

It is an offence not to notify Hackney Council of such an arrangement.

Key Local Authority contacts

Children and Young People's Access and Assessment Social Work Service

Address Hackney Service Centre, 1 Hillman Street E8 1DY

Tel 020 8356 5500 (Mon to Fri 9am - 5pm)

Tel 2020 8356 2710 (Emergency Out of Hours Team)

Email [fast@hackney.gov.uk](mailto:fast@hackney.gov.uk)

See also: <https://corambaaf.org.uk/>